

Atlanta Police Department
Supervisor's Use of Force Incident
Supplement Form

Control Number:

Officer's Name (Last)	First	MI	Unique ID	Incident/CICA Number
Initial Signal on call?	Division	Section	Unit/Watch	Initial Signal on call?

Force Used

Method of Force Used: Firearm	<input type="checkbox"/> Physical Force <input type="checkbox"/> OC <input type="checkbox"/> ASP <input type="checkbox"/> <input type="checkbox"/> Other (describe):
Were any other officers involved in the use of force? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, list below)	Did force ease arrest? (explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No

OC Spray

Did any other officer spray? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, who?)	Did spray ease arrest? (explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any bystanders affected by spray? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain below)	Were you or other officers affected by spray? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did canister operate properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain below)	Describe injuries:

ASP Baton

Did any other officer use ASP during arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did ASP usage ease arrest? (explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No
List officers involved:	Describe injuries:
Did ASP operate properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain below)	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

Firearms

Department issued weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved extra weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)
Weapon: make / model / serial number / caliber / capacity	Other:	
Did weapon operate properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain below)	How many officers involved in incident?	Injury to officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe injuries:		

Firearm Discharge

Type of Discharge:

Nu
mber of Rounds
Discharged:

Accidental Intentional

Number of Hits:	Number of Misses:		Range:
Target Hit: None Yes <input type="checkbox"/> No <input type="checkbox"/> Person Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle Yes <input type="checkbox"/> No <input type="checkbox"/> Structure Yes <input type="checkbox"/> No <input type="checkbox"/> Animal Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/>	Person Wounded: Yes <input type="checkbox"/> No <input type="checkbox"/>	Person Deceased: Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Wound: Head <input type="checkbox"/> Arm <input type="checkbox"/> Side <input type="checkbox"/> Chest <input type="checkbox"/> Leg <input type="checkbox"/> Stomach <input type="checkbox"/> Back <input type="checkbox"/>
	Animal Deceased: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes what kind?	

Investigating Supervisor's Findings:

Did the officer pull in Code 17-F? **Yes No**

Investigating Supervisor's signature

Date

Watch Commander's signature

Date

Assistant Zone Commander's signature

Date

Section Commander's signature

Date

Forward **original** supplement form to:

Central Records

Form APD 809 Revised 4/18/12